



GENERAL INFORMATION

Team Name or Handle:		
Team Location:	Primary Email:	Primary Phone:
Group Type: <i>(Please circle)</i> Individual Group	Group Affiliation: <i>(Please circle)</i> Academic Civilian Commercial Government Military Other	
Organization Name: <i>(If Applicable)</i>		Other:

TEAM MEMBER #1 / PRINCIPAL CONTACT

Full Name:		
Date of Birth:	Are you a US Citizen: <i>(Circle)</i> Yes No	Place of Birth:
Personal Address:		Personal Phone:
City:	State:	Zip Code:
Work / Alt. Address: <i>(School)</i>		Work / Alt Phone:
City:	State:	ZIP Code:
Personal Email:	Work / Alt. Email:	Fax:
Personal Website:	Work / Org. Website:	

TEAM MEMBER #2

Full Name:		
Date of Birth:	Are you a US Citizen: <i>(Circle)</i> Yes No	Place of Birth:
Personal Address:		Personal Phone:
City:	State:	Zip Code:
Work / Alt. Address: <i>(School)</i>		Work / Alt Phone:
City:	State:	ZIP Code:
Personal Email:	Work / Alt. Email:	Fax:
Personal Website:	Work / Org. Website:	



TEAM MEMBER #3

Full Name:

Date of Birth:	Are you a US Citizen: <i>(Circle)</i> Yes No	Place of Birth:
Personal Address:		Personal Phone:
City:	State:	Zip Code:
Work / Alt. Address: <i>(School)</i>		Work / Alt Phone:
City:	State:	ZIP Code:
Personal Email:	Work / Alt. Email:	Fax:
Personal Website:		Work / Org. Website:

TEAM MEMBER #4

Full Name:

Date of Birth:	Are you a US Citizen: <i>(Circle)</i> Yes No	Place of Birth:
Personal Address:		Personal Phone:
City:	State:	Zip Code:
Work / Alt. Address: <i>(School)</i>		Work / Alt Phone:
City:	State:	ZIP Code:
Personal Email:	Work / Alt. Email:	Fax:
Personal Website:		Work / Org. Website:

SIGNATURES

By signing or typing my name I authorize the verification of the information provided on this form as to my personal information and employment. I have generated a PDF copy of this application for my records.

Sign/Type name of team member 1:	Date:
Sign/Type name of team member 2:	Date:
Sign/Type name of team member 3:	Date:
Sign/Type name of team member 4:	Date: